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CONFIRMATION NO. 2602

Bib Data Sheet

SERIAL NUMBER 10/065,063	FILING DATE 09/13/2002 RULE	CLASS 707	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. U01-0043(15)					
APPLICANTS Karin Spalink, Durham, NC; Ramanathan Asokan, Cary, NC;									
** CONTINUING DATA ***** <u>NONE</u> <u>NAD</u>									
** FOREIGN APPLICATIONS ***** <u>NONE</u> <u>NAD</u>									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/24/2002									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 45%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>[Signature]</u> <u>NAD</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div> </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY NC </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 4 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 27 </td> <td style="width: 15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 4 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>[Signature]</u> <u>NAD</u> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Signature Initials </div>	STATE OR COUNTRY NC	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
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ADDRESS 24239 MOORE & VAN ALLEN, PLLC 2200 W MAIN STREET SUITE 800 DURHAM, NC 27705									
TITLE Method of searching-by-number and device including a search-by-number feature									
FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	
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